TRANSMITTAL OF INFOR	Docket No. 1690-SPL							
In Re Application of: Jerry A. Krill JAN 3 0 2004 0								
Serial No. 7 RADRAMENT 10/669,484	7 Filing Date 09/24/2003	Examiner		Group Art Unit				
Title: Ingestible Medical Payload Carrying Capsule with Wireless Communication								
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
37 CFR 1.97(b) 1. Image: The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.								
 37 CFR 1.97(c) The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: 								
☐ the statement specif	☐ the statement specified in 37 CFR 1.97(e);							
OR the fee set forth in 37 CFR 1.17(p).								

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TRANSMITTAL OF INFORMATION DISC	Docket No.							
(Under 37 CFR 1.97(b) or	1690-SPL							
In Re Application: Jerry A. Krail JAN 3 0 2004 &								
Serial No. 10/669,484 TRANFMAN 09/24/2003	Examiner	Group Art Unit						
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Ingestible Medical Payload Carrying Capsule with Wireless Communication								
ı	Payment of Fee	,						
(Only complete if Applica	nt elects to pay the fee set forth in 37 CFR	1.17(p))						
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INFORMATION SLOSURE CITATION					1690-SPL 10/669.484 Applicant(s) J. A. Krill					
			(See several sheets if necessa	אמ		J. A. KIII Filing Date Group Art Unit				
	JAN 3 0 2004 &				09/24/2003		3736			
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*EXAMINER INITIAL	REF		DO TIADE NUMBER	DATE		NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
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	REF	DOCUMENT NUMBER		DATE		COUNTRY	CLASS	SUBCLASS	Translation YES NO	
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EXAMINER				_	DATE CONSIDERED					
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